write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

RECEIVED

United States District Court

for the

District of

District of

Plaintiffe)

Write the full name of each plaintiff who is filing this complaint.

If the names of all the plaintiff cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Defendant(s)

Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

 C. What date and approximate time did the events giving rise to your claim(s) occur?

Nov 13th 2023 at W 12:00am D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?) The toliets and Shavers Stop working water floaded in the floors as we went over Crowded in the floors Mats were wet we asked for help and were denied and left us V. Injuries Pour living Cardificus

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I have dental problems due to the water and food her I have more lost a touth

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I want 250,000 dollars for living in such Horrible Conditions

VIİ. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A.	Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
	Yes
	□ No
	If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).
	Mount County Jail
В.	Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?
	Yes
	□ No
	Do not know
J.	Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?
	Yes
	\square No
	Do not know
	If yes, which claim(s)?
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

D.	Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?
	V Yes
	□ No
	If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?
	Yes
	□ No
E.	If you did file a grievance:
~	1. Where did you file the grievance?
	,
	Maury County pat
	2. What did you claim in your grievance?
	tour living Conditions
	3. What was the result, if any?
;	Wone Nothing was done
	4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If
	not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)
	chill my source has not been
	responded too

•	F.	If you did not file a grievance:
		1. If there are any reasons why you did not file a grievance, state them here:
*		
		2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:
	G.	Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.
		·
		(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)
VIII.	Praviou	s Lawsuits
Y 1111.		
	the filing brought maliciou	ree strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying g fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, as, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent of serious physical injury." 28 U.S.C. § 1915(g).
	To the b	est of your knowledge, have you had a case dismissed based on this "three strikes rule"?
	Yes	
	No	
	EN 140	
	If yes, st	ate which court dismissed your case, when this occurred, and attach a copy of the order if possible.
		·

4. Name of Judge assigned to your case
5. Approximate date of filing lawsuit
6. Is the case still pending?

Yes

No

If no, give the approximate date of disposition.
7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered)

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

in your favor? Was the case appealed?)

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)			
,			Yes
] No
	D.	If ; mc	your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is ore than one lawsuit, describe the additional lawsuits on another page, using the same format.)
		1.	Parties to the previous lawsuit
			Plaintiff(s)
			Defendant(s)
		2.	Court (if federal court, name the district; if state court, name the county and State)
٠			
		3.	Docket or index number
		4.	Name of Judge assigned to your case
		`	, i .
		5.	Approximate date of filing lawsuit
		6.	Is the case still pending?
	,		Yes
			□ No
			If no, give the approximate date of disposition
	•		
		7.	What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

Telephone Number

E-mail Address

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A.	For Parties Without an At	torney			
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		's Office with any changes to m			
	in the dismissal of my case.	y failure to keep a current addre	ss on file with the	Clerk's Office may re	esult
	Date of signing:	0 314 200	23		
		11 01			
	Signature of Plaintiff	Haredhu			
	Printed Name of Plaintiff	Lave Dougl	as Hi	lls	
	Prison Identification #	170770		.4	
	Prison Address	124 Maunt	Horrh	Ral	
		Ethnickse	TN	38456	
		City	State	Zip Code	
	For Attorneys				
	•				
	Date of signing:				
ì				٠	
,	Signature of Attorney	•			
	Printed Name of Attorney				
	Bar Number	,			
	Name of Law Firm				
	Address				
	•		i		ئرانىسىن
		City	State	Zip Code	•

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U.S. District Court

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THE UNITED STATES DISTRICT COURT

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